

PTO/SB/30 (09-06)

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Request	Application Number	09/754,094-Conf. #4130			
for	Filing Date	January 3, 2001			
Continued Examination (RCE) Transmittal	First Named Inventor	Mark S. Humayun			
Address to: MS RCE Commissioner for Patents	Art Unit	3763			
P.O. Box 1450 Alexandria, VA 22313-1450	Examiner Name	C. S. Williams			
	Attorney Docket Number	55534 (71699)			
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.					
1. Submission required under 37 CFR 1.114 Note: If amendments enclosed with the RCE will be entered in the capplicant does not wish to have any previously filed unente amendment(s). a. Previously submitted. If a final Office action may be considered as a submission even if i. Consider the arguments in the Appeal Brii. Other b. X Enclosed i. X Preliminary Amendment/Reply iii Affidavit(s)/Declaration(s)	order in which they were filed united amendment(s) entered, appoints outstanding, any amendment this box is not checked. The previously for the p	iless applicant instructs otherwise. If licant must request non-entry of such nents filed after the final Office action iled on			
2. Miscellaneous					
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a					
period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)					
3. Fees The RCE fee under 37 CFR 1.17(e) is required	d by 37 CFR 1.114 when the F	RCE is filed.			
a. X The Director is hereby authorized to charge	the following fees, any unde	rpayment of fees, or credit any			

	SIGNATURE	OF APPEIGANT, ATTORNEY,	OR AGENT	REQUIRED
Signature			Date	November 20, 2006
lame (Print/Type)	Lisa Swiszcz	Hazzard	Registra	ition No. 44,368

X RCE fee required under 37 CFR 1.17(e) ii. X Extension of time fee (37 CFR 1.136 and 1.17)

Check in the amount of \$ _____ enclosed

overpayments to Deposit Account No. 04-1105 . I have enclosed a duplicate copy of this sheet.

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